

U.S. SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR IFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL
OMB Number: 3235-0076
Expires: August 31, 1989

SEC USE ONLY					
Prefix	Serial				
DATE F	RECEIVED				

Name of Offering (□ check i	f this is an amendment and name has changed, and indicate chang	(c.) 1175096				
Filing Under (Check box(es) that	t apply): □ Rule 504 XXX Rule 505 XXXRule 506 □ Section	n 4(6) 🗆 ULOE				
Type of Filing: New Filing	☐ Amendment					
	A. BASIC IDENTIFICATION DATA					
1. Enter the information request						
Name of Issuer (check if the SUNRISE VILLA PARTNER	his is an amendment and name has changed, and indicate change.) RS, a California limited partnership	02039520				
Address of Executive Offices 8445 West Elowin Court	(Number and Street, City, State, Zip Code) Telephone Visalia, CA 93279	Number (Including Area Code) 1-1000				
Address of Principal Business O (if different from Executive Offi	ices)	Number (Including Area Code)				
Brief Description of Business	The partnership will own, construct, rehabilitate, mand investment a multi-family housing development for low-unincorporated area of Merced County, CA	PROCESSED				
Type of Business Organization Gorporation	₩ limited partnership, already formed □ other (pl	JUN 1 3 2002 ease specify): THOUSE				
☐ business trust	☐ limited partnership, to be formed	THOMSON FINANCIAL				
Actual or Estimated Date of Incorporation or Organization: Month Year						
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction)						

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.



A. BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: · Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. ☐ Promoter Check Box(es) that Apply: ☐ Beneficial Owner ☐ Executive Officer Director xxx General and/or Managing Partner Full Name (Last name first, if individual) Self-Help Enterprises, a California nonprofit public benefit corporation Business or Residence Address (Number and Street, City, State, Zip Code) 8445 West Elowin Court, Visalia, CA 93279 Check Box(es) that Apply: ☐ Promoter XXX Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) NEF ASSIGNMENT CORPORATION, an Illinois not-for-profit corporation Business or Residence Address (Number and Street, City, State, Zip Code) 120 South Riverside Plaza, 15th Floor, Chicago, IL 60606 Check Box(es) that Apply: Promoter ☐ Executive Officer □ Director ☐ General and/or ☐ Beneficial Owner Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) ☐ Executive Officer ☐ General and/or Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)

				В.	INFORM	ATION A	BOUT OF	FERING				
1. Has	the issuer	sold, or a	does the is:						us offering	3?		Yes No
.,		•			in Appen							· · ·
2. Wh	at is the m	inimum ir	vestment t		• •			_		• • • • • • • • •	· • • • • • • • •	S
					-							Yes No
			t joint owr									□ XXX
sion to b list	or similar be listed is a the name o	remunerat an associat of the brok	quested for tion for solitied person ter or deals orth the in	icitation of or agent of er. If more	f purchaser of a broker e than five	rs in connector or dealer (5) person	ction with a registered as to be list	sales of sec with the Sl ted are ass	urities in tl EC and/or	he offering with a sta	. If a pers te or stat	on es,
Full Nam	ne (Last na	me first, i	f individua	J)								
											Tarr	-
Business	or Residen	ice Addres	s (Number	and Stree	t, City, St	ate, Zip C	Code)					
Name of	Associated	i Broker o	r Dealer									
States in	Which Per	son Listed	Has Solid	ited or In	tends to S	olicit Purc	hasers	· · · · · ·			··	~
(Check	"All State	es" or che	ck individu	ial States)							• • • • • • • • • • • • • • • • • • • •	□ All State
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[M]	[MN]	[MS]	[MO]
[MT] [RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	{OK} {WI}	[OR] [WY]	[PA] [PR]
Full Nam	e (Last na	me first, i	f individua	1)								
Business (or Residen	ce Address	(Number	and Stree	t, City, St	ate, Zip C	ode)					
Name of	Associated	Broker of	Dealer						,			
								,,				
States in '	Which Per	son Listed	Has Solic	ited or Int	ends to So	olicit Purch	nasers	· ·····	_ -			
(Check	"All State	s'' or che	k individu	al States)								□ All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[M1]	[MN]	[MS]	[MO]
[MT] [RL]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC]	[ND] [WA]	(OH) [WV]	[OK] [W]]	[OR] [WY]	[PA] [PR]
Full Name			individual									
Business o	r Residenc	e Address	(Number	and Street	, City, Sta	ite, Zip Co	ode)					
Name of A	Associated	Broker or	Dealer							 -		
States in V	Which Pers	on Listed	Has Solici	ted or Int	ends to So	licit Purch	asers					
(Check	"All States	s" or chec	k individu:	al States).	. 							☐ All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT] [RI]	[NE] [SC]	[NV] [SD]	[HH] [HT]	[[[K]]	[NM] [UT]	[NY].¤ [VT]	[VA]	[ND] [WA]	(OH) [WV]	[OK] [W]]	[OR] [WY]	[PA] [PR]

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS 1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Aggregate Amount Already Type of Security Offering Price Sold Debt \$_____ Equity ☐ Common ☐ Preferred _ S___ Other (Specify ___ Total \$______ \$_____ Answer also in Appendix, Column 3, if filing under ULOE. 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Number Dollar Amount Investors of Purchases <u>One (1)</u> Accredited Investors \$4,067,497 Non-accredited Investors..... Total (for filings under Rule 504 only) **5**_4,067,497 Answer also in Appendix, Column 4, if filing under ULOE. 3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Dollar Amount Type of Type of offering Security Sold Rule 505 Limited Partnership Interests 4,067,497 Regulation A..... \$4,067,497 4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.

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	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE	OF PROCEE	OS
	b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer." Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be		\$ 4 <u>.007</u> ,497
.د	used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above.		
		Payments to Officers,	
		Directors, &	Payments To
		Affiliates	Others
	Salaries and fees		
	Purchase of real estate		□ s
	Purchase, rental or leasing and installation of machinery and equipment		Z-
	Construction or leasing of plant buildings and facilities		□ s
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)		П.
	•		
	Repayment of indebtedness		
	Working capital		
	Other (specify): Project reserves XXX \$	60,000.00	□ S
	□ S		
	Column Totals		
	Total Payments Listed (column totals added)	xxx \$ 4,0	007,497
	D. FEDERAL SIGNATURE		
ollo	issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this owing signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exch st of its staff, the information furnished by the issuer to any non-accredited investor pursuant to	ange Commiss	ion, upon written re-
ssu	er (Print or Type) Sunrise Villa Partners, Signature	Date	
a	California limited partnership		5/17/02
lan	ne of Signer (Print or Type) Title of Signer (Print or Type)		
	Peter N. Carey, Secretary Self-Help Enterprises, its general part	ner	

-ATTENTION

intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)